

## Oral Health Mini-Grants

The Arizona Department of Health Services, Office of Oral Health is pleased to announce the availability of funds to address the oral health of Arizonans. Funds are available to:

1. Conduct community oral health needs assessments
2. Develop community oral health strategic plans
3. Develop community oral health improvement projects

Award Amounts: There is no fixed amount of each award. The amounts will be based on proposed activity. The awards will range between five hundred dollars (\$500) and five thousand dollars (\$5,000).

Application Due Date: The funds will be awarded as mini-grants to applicants that meet the intention of the grant guidance on a first come/first serve basis until all funds have been expended [Total amount available: ~\$20,000]. The first major review of applications will be conducted on or about December 1, 2003. Applications will be reviewed in the order in which they are received. Applications will be accepted starting on November 15, 2003

Budget Period: January 1 – November 30, 2004

Eligible Applicants:

- County health departments
- Native American tribes
- School departments
- Non-profit organizations

Each entity can only apply for one mini-grant. Awards cannot be made to individuals.

Procedures for Obtaining Funds: A comprehensive, detailed proposal is not necessary. Complete the enclosed application by answering all the questions and providing any requested attachments. Submit the original plus 3 copies to:

Office of Oral Health  
Community Development Program  
1740 W. Adams Street #10  
Phoenix, AZ 85007

Funding Categories (3):

**1. Community Oral Health Needs Assessment:**

To determine the most effective, efficient and sustainable means of improving oral health, the specific and unique needs and demands of the community should be known and addressed. Such a needs assessment might include determination of health status, existing resources, and perceived needs and demands for one or many segments of the population. Therefore, community-based oral health needs assessments can be funded with this mini-grant. The Arizona Department of Health Services, Office of Oral Health has a guide for conducting such assessments that must be followed if an award is made. To request the guide, contact Jo Merendino at the Office of Oral Health at (602) 542-1866.

## **2. Community Oral Health Strategic Plan:**

To achieve the desired outcome of a project or program, the agency, organization or coalition must have a complete, well-developed strategic plan. This mini-grant can be used to develop a strategic plan. *Note, all mini-grant applications requesting funding in this category must submit a completed community oral health needs assessment.*

The ADHS, Office of Oral Health has a guide for developing strategic and business plans that must be used as a guide for all grants funded in this category. To obtain a copy, contact Jo Merendino at the Office of Oral Health at (602) 542-1866. The guide will serve as a “road map” for the work group in order to move through various steps in accomplishing the desired results. The strategic plan will give the group direction by defining goals and objectives while the business plan will assist in achieving outcomes. These plans will help to keep the groups focused on the tasks at hand as well as suggest a timeline to assure that the project moves forward at a reasonable rate.

## **3. Community Oral Health Improvement Projects**

This mini-grant can be used to implement, pilot, initiate or sustain a new initiative or service to improve oral health. A new initiative or service is defined as one that is presently in the planning stages or within its first year of operation. In addition, this mini-grant can be used to evaluate the effectiveness or outcomes of an existing program.

Improvement Projects must strive to meet one or more of the Healthy Arizona 2010 Oral Health Objectives:

- Increase the proportion of children and adults who receive dental care each year.
- Increase the proportion of residents with comprehensive dental insurance.
- Increase the proportion of residents served by community water systems with optimally fluoridated water.
- Reduce the proportion of children who have ever had tooth decay.
- Reduce the proportion of children who currently have untreated tooth decay.

Examples of possible initiatives to be funded under this category include but are not limited to such projects as:

- Activities related to community water fluoridation promotion, such as a public opinion poll, but not actual campaign support.
- Planning for increasing access to clinical dental services through coordination of activities.
- Activities needed for site development so that a non-profit entity can provide clinical services (e.g., coordination, staff recruitment, or purchase of equipment or supplies).
- Development of a dental sealant promotion plan.
- Development of a community or regionally-based oral health educational resource library for children with special health care needs.

*Note, all mini-grant applications requesting funding in this category must submit a completed Community Oral Health Strategic Plan [Exception: Arizona-based, non-profit schools of dental hygiene or dentistry].*

### Partnership Requirements:

Organizations funded in Funding Category 1 or 2, must meet the following criteria:

- Work in partnership or as a coalition with other community groups and/or agencies to develop a strategic plan.
- The efforts must be directed by a grass-roots community advisory group; or the organization must have a distinctly identifiable community component that will be conducting, managing or directing the project to be supported by the mini-grant.

### Funding Exclusions:

Because of the nature of these awards, they may not be used for:

- Physical construction or renovation of a facility or space within a building.
- Traditional oral health promotion activities alone (e.g., distribution of toothbrushes and oral health education materials).
- Direct clinical services or the purchase of dental services.
- Administrative costs (e.g., indirect charges)
- Purchase of food and beverages other than those to be used in educational demonstrations.

### Obtaining Technical Assistance:

Technical assistance related to the substance of the application is available by calling Andrea Chiasson at (602) 364-0984 via e-mail at [achiass@hs.state.az.us](mailto:achiass@hs.state.az.us) To access an electronic version of this announcement:

- Contact Jo Merendino at (602) 542-1866
- Contact Jo Merendino via email at [jmerend@hs.state.az.us](mailto:jmerend@hs.state.az.us)
- Visit our website at: <http://www.hs.state.az.us/cfhs/ooh/index.htm>

### Determination of Awards:

A Review Panel coordinated by the Arizona Department of Health Services, Office of Oral Health, will review accepted applications.

If the application is not approved, the applicant will be contacted regarding their request. Technical assistance may be provided for revising and resubmitting the application.

All approved applicants will be notified by the Office of Oral Health and the application will be processed through the Department of Health Services procurement procedures. The procurement process takes at least three weeks.

### Review Criteria:

Applications must meet each of the following criteria:

- The effort to be funded is consistent with ADHS, Office of Oral Health's overall mission *to promote oral health for the well-being of all Arizona residents.*
- If the Funding Category is #3, the effort must strive to meet one or more of the Healthy Arizona 2010 Oral Health Objectives:
  - Increase the proportion of children and adults who receive dental care each year.
  - Increase the proportion of residents with comprehensive dental insurance.
  - Increase the proportion of residents served by community water systems with optimally fluoridated water.

- Reduce the proportion of children who have ever had tooth decay.
  - Reduce the proportion of children who currently have untreated tooth decay.
- All criteria on the Oral Health Mini-Grant Proposal Review Form are met (see p. 16). There are no “weights” or other measures to be applied to these criteria, other than “yes” and “no.” Each of the criteria must be met in order for the proposal to be funded. If more applications are received than can be funded, applications that have met all eligibility requirements will be funded in the order in which they were received until all funds are obligated.

#### Other Requirements:

The organization seeking funding agrees to meet the publication, reporting, and financial requirements of this award:

- All materials published through this award must include the following language: *“Funded through a grant from the Arizona Department of Health Services and the Health Resources and Services Administration.”*
- By December 30, 2004, submit a final report describing the funded project including planning, implementation and outcome(s) through the funded period. This report should include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with this award must be included.
- Within 30 days of the completion of the Budget Period, submit a financial statement/summary indicating expenditures incurred in conjunction with this award.

#### Distribution of Funds:

Grant recipients can select one of two schedules for fund distribution:

1. 100% at the completion of the project
2. 25/75% split

If option “2” is selected, twenty-five percent (25%) of the award will be dispersed at the beginning of the project. The remaining seventy-five percent (75%) will be paid upon completion of project. Regardless of distribution schedule, project documentation including the final report and the Award Acknowledgement form must be submitted at the end of the contract period in order to obtain final payment.

Arizona Department of Health Services  
Office of Oral Health  
1740 W. Adams Street, #010  
Phoenix, Arizona 85007

ADHS Use Only:

A:      N      F

**2004 Oral Health Mini-Grant**

Select **Funding Category:** (select only one)

- ☐ A. Community Oral Health Needs Assessment  
☐ B. Community Oral Health Strategic Plan – *(Include copy of your needs assessment)*  
☐ C. Community Oral Health Improvement Project – *(Include copy of your strategic plan)*

For Funding Category 3, select **Healthy Arizona 2010 Objectives** to be addressed:  
*(min. of one)*

- ☐ 1. Increase the proportion of children and adults who receive dental care each year.  
☐ 2. Increase the proportion of residents with comprehensive dental insurance.  
☐ 3. Increase the proportion of residents served by community water systems with optimally fluoridated water.  
☐ 4. Reduce the proportion of children who have ever had tooth decay.  
☐ 5. Reduce the proportion of children who currently have untreated tooth decay.

**I. Application Information (Coalition, Public Agency, Non-Profit Organization):**

**A. Organization Name:** \_\_\_\_\_

*Check one:*

☐ County Health Department

☐ School Department

☐ Native American Tribe

☐ Non-profit Organization (include non-profit status documentation)

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**B. Contact Person:** \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address *(if different than above)*:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

## **II. Project Information**

Name of Project: \_\_\_\_\_

### **A. Project Description**

(Describe the project you are proposing and why you would like to undertake this project.)

### **B. Collaborating Agencies/Organizations**

Describe the relationship in which you are/will be working to implement the service, program or project to be funded. Include information on how the project will be conducted, managed or directed (E.g., by a grass-roots community advisory group; by a distinctly identifiable community component of your organization). Include names of partner groups. Note that letters of support are required from each collaborating entity.

### **C. Staffing** (Describe how your project will be staffed.)

**D. Logic Model** – Complete a Logic Model. See Instructions & Sample in “Attachments.”

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
<p><b>Target Population to be Served</b></p> <p><i>Needs of Population to be Served</i> (Cat 1 &amp; 2: Describe geographic areas/ population to be served)</p> <p>(Cat 3: Also describe population needs)</p> <p><b>Resources</b></p> <p>(Cat 1 &amp; 2: Describe applicant resources to conduct NA/ strategic planning)</p> <p>(Cat 3: Describe population resources)</p>	<p><b>Goal(s)</b> (Cat 1 &amp; 2: relate to process for conducting NA/Strategic Plan)</p> <p>(Cat 3: Can be the same as the Healthy Arizona 2010 objective)</p> <p><b>Outcome Objectives -</b> <i>(Measurable)</i></p> <p>(Cat 1 &amp; 2: Relate to processes for conducting NA/Strategic Planning)</p> <p>(Cat 3 – relate to population)</p>		<p><b>Activities:</b> March – Nov 2003</p> <p><b>Process Objectives</b></p>	

### III. Budget Information: January 1 – November 30, 2004

Provide a simple budget. Information is needed only for the project for which you are requesting funding, not for the organization as a whole. **Note these requirements:**

- There must be an identifiable in-kind contribution.
- Funds may be used for personnel costs.
- Administrative overhead is not an allowable expense.
- Funds may not be used to pay for direct clinical services, or for physical construction or renovation of a facility or space within a building.
- Funds may not be used to purchase food and beverages.

Use the following format if possible, leaving inapplicable categories blank and adding your own. If this format is not suitable, attach a one-page budget of your own, using the same column headings.

Line	Budget Categories	Mini-Grant	In-Kind/Other (specify source)	Totals
A	Personnel			
B	Supplies: A. Office B. Other			
C	In-state travel (@ \$0.345/mile)			
D	Postage			
E	Printing/Photocopying			
F	Rent			
G				
H				
I				
	Totals	\$	\$	\$



**IV. Budget Summary: January 1 – November 30, 2004**

(Provide a brief description of proposed costs to be funded by the mini-grant. Write a description for each corresponding line number.):

A. Personnel:

Position Title	Hours/week	# of weeks	Salary (rate/wk)	Total

B. Supplies

1. Office:

2. Other:

C. In-State Travel

D. Postage

E. Printing/Photocopying

F. Rent

G. \_\_\_\_\_

H. \_\_\_\_\_

I. \_\_\_\_\_

## **V. Attachments**

- Complete the following one page Certification and return with the application form.
- If you are a non-profit (vs. public institution), please include documentation verifying your non-profit status.
- Attach one (1) letter of support from one of your identified coalition members or partners demonstrating a commitment to participate in your proposed project.
- Please submit required documentation for each mini-grant category:
  - A. Community Oral Health Needs Assessment – no additional documentation
  - B. Community Oral Health Strategic Planning – completed Needs Assessment
  - C. Community Oral Health Improvement Project – completed Strategic Plan

## Certification

The \_\_\_\_\_ (name of organization)  
is submitting this application for funding from the Arizona Department of Health Services, Office of  
Oral Health: Oral Health Mini-Grant Program.

As the \_\_\_\_\_'s (name of organization)  
contact person, my signature below certifies that to the best of my knowledge all of the information  
provided in this application is accurate, and if funded, we agree to comply with the requirements of the  
Oral Health Mini-Grants Program as described in the announcement, specifically, to meet the reporting  
and financial requirements of this award:

1. By December 30, 2004, submit a final report describing the funded project including  
planning, implementation and outcome(s) through the funded period. This report should  
include evaluative statements and recommendations for others who might wish to  
undertake a similar effort. A copy of each document created in conjunction with this  
award must be included.
2. By December 30, 2004, submit a financial statement/summary indicating expenditures  
incurred in conjunction with this award.

Additionally, I am aware that twenty-five percent (25%) of the award will be distributed near the  
beginning of the project period and the remainder, seventy-five percent (75%), will be distributed at the  
end of the project period upon submission of the Award Acknowledgement document and final project  
report. Please disclose whether you would like to receive two payments or one payment in full at the  
end of the project period (*select one*):

- \_\_\_\_\_ We will submit for 25% of the award at the beginning of the contract period and the  
remainder upon completion.
- \_\_\_\_\_ We will not submit for 25% of the award at the beginning of the contract period but  
rather submit for the entire amount of the contract at the completion of the project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name printed or typed, Title

\_\_\_\_\_  
Date

Arizona Department of Health Services  
Office of Oral Health  
1740 W. Adams Street, #010  
Phoenix, Arizona 85007

**Oral Health Mini-Grant  
Award Acknowledgement**

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(Name of Organization)

Acknowledges the receipt of a grant award of \$\_\_\_\_\_ paid to the above agency for developing and conducting a:

- \_\_\_ A. Community Oral Health Needs Assessment
- \_\_\_ B. Community Oral Health Strategic Plan
- \_\_\_ C. Community Oral Health Improvement Project

At this time, \_\_\_\_\_ (name of organization) is requesting payment of \$ \_\_\_\_\_ - [*\_\_\_\_\_ % of total award (either 25%, 75% or 100%)*].

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Attachment: LOGIC MODEL INSTRUCTIONS**

<b>Needs/Resources</b>	<b>Goals &amp; Objectives</b>	<b>Strategies/Approaches</b>	<b>Implementation Plan</b>	<b>Evaluation</b>
<b>Assessment:</b> -Identify a problem -Identify target population -Identify your team -Assess risk and protective factors -Collect data (must be locally related) -Analyze and report	-Objectives should be linked to identified needs <hr/> Goals should be: -Focused and easy to understand -Achievable <hr/> Outcome objectives must: -Be related to goals -Be consistent with risk and protective factors/needs and strengths -Be measurable -Be achievable -Have a timeline	Selected <b>strategies and approaches</b> must: -Fit established needs, goals and outcomes objectives <hr/> -Be researched based – either a proven program or established theory -Connect to the identified risk and protective factors/needs and strengths <hr/> -Determine if program is directed toward a universal, selective, indicated or treatment audience <hr/> -Be culturally competent, age appropriate and gender responsive	Develop detailed action steps including: -Resource identification and mobilization <hr/> -Capacity building -Activities -Timelines and scheduling -Recruiting and retaining participants/clients -Staff accountabilities -Staff training to implement strategies/approaches -Establish process objectives to measure implementation effectiveness	<b>Evaluation</b> must include: -Design/methodology with a valid, reliable assessment tool <hr/> -Evaluation plan -Data collection and analysis plan -Quality assurance plan <hr/> Evaluation should measure both: -Process/formative to see if the program is being implemented as planned -Outcomes/substantive (short and long term) to determine if goals and objectives are being met
<i>Are strategies/approaches meeting the needs?</i>	<i>Are short and long term outcomes tied to the evaluation?</i>	<i>Are the strategies/ approaches addressing the outcome objectives?</i>	<i>Are the strategies/approaches being implemented as written?</i>	<i>Is there ongoing assessment and quality improvement?</i>

**Attachment: SAMPLE of LOGIC MODEL: infant and toddler oral health initiative**

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
<p><b>Target Population to be Served</b> Children age 6 months to 4 years in the WIC program in Small Town, USA.</p> <p><b>Needs of Population to be Served</b> -A health assessment survey conducted in Small Town, USA revealed that decay rates for the preschool children are the highest in the US. -The percentage of children with untreated decay is more than three times higher than children in the rest of the state (68% v. 19%) -The decay rates of preschool children in Small Town, USA have been rising over the last 10 years as identified in the biannual Small Town, USA health survey. -There are inadequate dental staff to see all children in need, especially the very young children.</p> <p><b>Resources of Applicant/ Population</b> -Strong partnership between the Small Town, USA health center and the Women's, Infants' and Children's Program (WIC).  -The health center will hire and supervise an employee to provide early intervention dental education and prevention program.  -Dental expertise at the Small Town, USA dental clinic.</p>	<p><b>Goal</b> Reduce the number of children in Small Town, USA with dental decay.</p> <p><b>Outcome Objectives (Measurable)</b> -By the end of the program, 35% more children will be drinking from a cup by age 1.  -By the end of the program, 75% of all high risk children will have fluoride varnish applied every 3 months.  -By the end of the program, 50% more parents will know how to check their children's teeth monthly for signs of early decay.  -By the end of the program, children aged two will have 25% fewer df-s teeth.</p>	<p>-The oral health specialist will educate caregivers of WIC children on the prevention of early childhood caries including the Lift the Lip technique for early identification of dental caries, oral hygiene, fluoride supplements and use of the cup.</p> <p>-The oral health specialist will provide fluoride treatments for high risk children and screen for early signs of ECC.</p>	<p><b>Activities</b> <b>May-Dec 2002</b> -Small Town, USA health clinic will hire and supervise the oral health specialist to run this WIC dental program.</p> <p>-Existing dental staff at the clinic will train the oral health specialist.</p> <p>-Protocols will be obtained/ developed, evaluated and implemented on infection control, fluoride varnish protocols, oral health education materials and Lift the Lip techniques.</p> <p>-Dental supplies and office supplies will be purchased.</p> <p>-Commence seeing clients after training is completed (&gt; month 1).</p> <p>-Implement data collection system to establish baseline decay rates.</p> <p><b>Process Objectives</b> By the end of the program: -Dental clinics will be held 10 days per month at WIC in Small Town, USA as measured by participant logs. -A checklist of services rendered and educational materials dispensed will be maintained by activity log. Fluoride varnish will be applied in a safe manner. -Dental surveys will be administered and collected. -Recall system will be established.</p>	<p><b>Outcome:</b> -Analyze parent survey of 1 year olds to assess bottle use.</p> <p>- Review recall schedule to verify fluoride varnish is being applied every 3 months.</p> <p>-Assess number of parents checking their children's teeth monthly for signs of ECC and compare to baseline.</p> <p>-Compare baseline df-s to df-s after 10 months.</p> <p><b>Process:</b> -Review implementation plan monthly will oral health specialist and supervisor to verify activities are occurring as planned.</p> <p>-Review activity log and checklist to verify that all educational information is being presented at each contact.</p> <p>-Regular site visits by trainer to assess safety and quality of fluoride varnish applications.</p>

**Attachment: SAMPLE of LOGIC MODEL: Needs Assessment**

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
<p><b>Target Population to be Served</b> Children ages 0-21 in Some County.</p> <p><b>Needs of Population to be Served</b> - Limited oral health information is available in Some County. -Multiple county and community-based organizations are reporting difficulty with obtaining dental care for children. -The public health nursing program in Some County reports significant oral health needs in the home visiting program. -School nurses report extensive dental problems in children including pain, swelling and infection. -The only local dentist in one community is planning to retire later this year and he has been unsuccessful in finding a dentist to purchase his practice.</p> <p><b>Resources of Applicant/Population</b> -There is a strong community-based coalition advocating for the social and general health needs of Some County residents. -The school has offered space to hold meetings on oral health issues. -The local dentist has agreed to participate in the dental meetings. -Data from the state health department on the oral health status of the county have been made available. -The nursing college has agreed to participate. -A local businessman is interested</p>	<p><b>Goal</b> Improve the oral health of children in Some County.</p> <p><b>Outcome Objectives (Measurable)</b> -By the end of the contract period, a needs assessment of children in Some County will be completed.  -By the end of the contract period, a report will be written highlighting the findings from the needs assessment.  -By the end of the contract period, the local coalition will establish an oral health subcommittee to address the findings of the needs assessment.</p>	<p>-The coalition's dietician will work with the state dental public health program to design a children's oral health needs assessment.</p> <p>-The Basic Screening Survey tool will be used as the foundation of the needs assessment.</p> <p>-Both clinical assessments and questionnaires will be used.</p>	<p><b>Activities</b> <b>May-Dec 2002</b> -Partnership meetings will be held to direct the activities. -Students from the nursing college's community health class will assist in conducting the needs assessment. -Data will be collected and analyzed. -Findings will be organized into a reader-friendly format. -By the end of the contract period, the final report will be draft and distributed to coalition members and interested parties. -Final paperwork will be submitted to the grantor.</p>	<p><b>Outcome:</b> -Submission of the final needs assessment report will verify completion of the needs assessment and creation of the document. -Meeting minutes will reveal whether or not a subcommittee on oral health is formed.</p> <p><b>Process:</b> -A brief survey will be distributed to the partners to assess the effectiveness of the process to date as well as the desire to continue into the next phase of strategic planning.</p>

### Oral Health Mini-Grant Proposal Review Form

Applicant:		Number:
<b>Yes</b>	<b>No</b>	Proposal Element
		1. The organization meets eligibility criteria: county health dept., tribe, school, non-profit.
		2. There are four copies of the application (original plus 3)
		<b>3. All required application materials are included:</b>
		a. All sections completed including Logic Model (I – IV)
		<b>Attachments (V):</b>
		b. Certification
		c. Needs Assessment/Strategic Plan ( <i>if applicable</i> )
		d. Letters of Support from collaborating agencies ( <i>if applicable</i> )
		e. Documentation of non-profit status ( <i>if applicable</i> )
		f. Award Acknowledgement form ( <i>only if requesting 25% of award at the beginning of the project</i> )
<b>Reviewer:</b> Please evaluate each remaining category. Your options are Yes and No-the applicant either meets (yes) or doesn't meet (no) the category. Check the column appropriate for each element.		
		4. The proposed project can be duplicated in another community/area.
		5. The role of collaborating organizations is well defined, appropriate and supported by support letters outlining the responsibilities of the collaborators.
		6. The staffing to conduct the project is well defined and adequate.
		7. The Logic Model is completed according to the Logic Model Instructions.
		8. The target population to be served is clearly defined, appropriate and, for proposals other than needs assessments, has a documented/defined oral health need.
		9. The proposal is consistent with the Office of Oral Health's mission to: <i>promote oral health for the well-being of all Arizona residents</i> and addressed at least on Healthy Arizona 2010 objective (Goal).
		10. The objective(s) to be undertaken are clearly stated, measurable, appropriate and feasible.
		11. Strategies are likely to meet identified outcome objectives; strategies are appropriate and consistent with the intent of the grant.
		12. The timeline (implementation plan) is realistic and appropriate.
		13. The evaluation measures will measure progress toward the outcome objectives; the methodology for measuring success is realistic within the framework of the grant and the defined project to be completed.
		14. The budget is clear, complete and appropriate for the project.
		15. The budget complies with the requirements noted in the budget section of the announcement including <b>evidence of in-kind support</b> .

Strengths:

Weaknesses:

Comments: